

Date: Wednesday, 17/09/2008 2:41:21 PM  
 User: Julie Lecocq

## Process Sheet

<b>Customer</b> :	CU-DAR001 Dart Helicopters Services	<b>Drawing Name</b> :	HIGH AFT X-TUBE 412
<b>Job Number</b> :	42063		
<b>Estimate Number</b> :	10559		
<b>P.O. Number</b> :		<b>Part Number</b> :	D412664203
<b>This Issue</b> :	17/09/2008	<b>S.O. No.</b> :	
<b>Prsht Rev.</b> :	NC	<b>Drawing Number</b> :	D412-664-243 REV D
<b>First Issue</b> :	//	<b>Project Number</b> :	N/A
<b>Previous Run</b> :	41408	<b>Drawing Revision</b> :	D
<b>Written By</b> :		<b>Material</b> :	
<b>Checked &amp; Approved By</b> :	JLD 08.9.17	<b>Due Date</b> :	30/09/2008
<b>Comment</b> :	Est Rev:E 04.02.16 Reformat; Added D3189-1 K/DS Est Rev:F 06-03-29 Remove Coments on Pick List JLM Est Rev:G 06.12.08 per ECN 886 EC Est Rev:H 07-04-30 As per Rev D JLM Est Rev:I 08-06-12 add comment in seq. 21 DD verified by:EC		

Qty: 1 Um: Each

## Additional Product

Job Number:



Seq. #: Machine Or Operation: Description :

1.0 DC DOCUMENT CONTROL



JLD 08.9.24



Comment: DOCUMENT CONTROL

Photocopy bluefile and create labels as per PPP D412-664-203 CHG 006

15/8/10/9

2.0 PACKAGING 1 PACKAGING RESOURCE #1



Comment: PACKAGING RESOURCE #1

3.0 D412664203TRN Crosstube Turning Detail



Comment: Qty.: 1.0000 Each(s)/Unit Total: 1.0000 Each(s)

CROSSTUBE TURNING DETAIL

batch B41997

DD 8-9-25

4.0 BENDING BENDING MACHINE - SKIDTUBES



Comment: BENDING MACHINE

Bend tube as per Dwg D412-664-243 using CNC bender program 412-af and Folio FT010

H 8-9-25

5.0 QC15 DIMENSIONAL CHECK OF X-TUBES



Comment: DIMENSIONAL CHECK OF X-TUBES

08-09-25

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

Date: Wednesday, 17/09/2008 2:41:22 PM  
User: Julie Lecocq

## Process Sheet

Customer: CU-DAR001 Dart Helicopters Services

Drawing Name: HIGH AFT X-TUBE 412

Job Number: 42063

Part Number: D412664203

Job Number:



Seq. #:

Machine Or Operation:

Description :

6.0

CROSSTUBES

CROSSTUBES RESOURCE 1



Comment: LANDING GEAR RESOURCE 1

1-Drill pilot holes in tube as per Dwg D412-664-243 using drill Jig DT8550 & DT8551

2-Ream hole to finish size in tube as per Dwg D412-664-243 using drill Jig DT8550 & DT8551. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.

3-Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D412-664-243

85  
08-07-25

- AWM 8-7-25

7.0

HAND FINISHING1

HAND FINISHING RESOURCE #1



AWM 8-7-25



Comment: HAND FINISHING RESOURCE #1

Chemical Conversion Coat as per QSI 005 4.1

8.0

QC3

INSPECT POWDER COAT/CHEMICAL CONVERSION



Comment: INSPECT POWDER COAT/CHEMICAL CONVERSION

08/09/29 (20)

9.0

QC5

INSPECT WORK TO CURRENT STEP



Comment: INSPECT WORK TO CURRENT STEP

08/09/29 (20)

10.0

OUTSIDE SERV.11

OUTSIDE SERVICE -CROSSTUBES



Comment: Sub-Contracting OUTSIDE SERVICES

Liquid Penetrant Inspection as per QSI 038Or

Issue P/O: 7301 LPI as per ASTM 1417

Level 2 Attach copy of NDT results to work order

08/10/02 (1)

11.0

PACKAGING 1

PACKAGING RESOURCE #1



Comment: PACKAGING RESOURCE #1

Inspect for transit damage

Ensure copy of NDT results attached to work order.

08/11/22 (1)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

Date: Wednesday, 17/09/2008 2:41:22 PM  
User: Julie Lecocq

## Process Sheet

Customer: CU-DAR001 Dart Helicopters Services

Drawing Name: HIGH AFT X-TUBE 412

Job Number: 42063

Part Number: D412664203

Job Number:



Seq. #: Machine Or Operation: Description :

12.0

QC5

INSPECT WORK TO CURRENT STEP



ml 08 10 02



(1)

Comment: Inspect for damage & ensure results are as per Dwg D412-664-203

13.0

SPRAY PAINTING

SPRAY PAINTING



Comment: SPRAY PAINTING

1-Prime inside and outside crosstube as per QSI 005 4.2

2-Paint outside crosstube with White Imron as per QSI 005 4.2

ml

08 10 02

(1)

14.0

QC14

INSPECT SPRAY PAINT



ml 08 10 03 (1)



Comment: Inspect Spray Paint

Wrap in plastic bag to protect from scratches

15.0

D3595063570

RUBBER CUSHION



Comment: Qty.: 4.0000 Each(s)/Unit Total: 4.0000 Each(s)

Rubber Cushion

Batch: 37971

ml

08 10 06

16.0

D2856600

Abrasion Strip



Comment: Qty.: 1.7640 f(s)/Unit Total: 1.7640 f(s)

Pick:

Qty Part number Description Batch

2 D2856-600(Cut to 10.090") Abrasion Strip 36398

ml

08 10 06

17.0

D28961

Support



Comment: Qty.: 1.0000 Each(s)/Unit Total: 1.0000 Each(s)

Pick:

Qty Part number Description Batch

1 D2896-1 Support 33471

ml

08 10 06

18.0

D31891

Chafing Shield



Comment: Qty.: 2.0000 Each(s)/Unit Total: 2.0000 Each(s)

Pick:

Qty Part number Description Batch

2 D3189-1 Chafing Shield 39736

ml

08 10 06

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

Date: Wednesday, 17/09/2008 2:41:22 PM  
User: Julie Lecocq

## Process Sheet

Customer: CU-DAR001 Dart Helicopters Services

Drawing Name: HIGH AFT X-TUBE 412

Job Number: 42063

Part Number: D412664203

Job Number:



Seq. #:

Machine Or Operation:

Description :

19.0

MS2192028

Clamp(per MIL-DTL-8783C)



Comment: Qty.: 4.0000 Each(s)/Unit Total : 4.0000 Each(s)

Pick:

Qty Part number Description Batch

4 MS21920-28 Clamp 108847

ml 08 10 06

20.0

MS2192030

clamp(per MIL-DTL-8783C)



Comment: Qty.: 2.0000 Each(s)/Unit Total : 2.0000 Each(s)

clamp(per MIL-DTL-8783C)

batch: 106810

ml 08 10 06

21.0

CROSTUBES

CROSTUBES RESOURCE 1



Comment: LANDING GEAR RESOURCE 1

Assemble as per Dwg D412-664-203

1- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe

2-Install supports with magnobond as per QSI 015 Adhere for for 12 Hrs

A/R 6398 Magnobond Batch: 108966

Expiry Date: 10/2009

time: 4:10pm

3-Install clamps as per Dwg D212-664-203 using installaiton jig DT9024 with 0.010 thick brass shims on both chafing shield (D3189-1). Torque clamps to 80-100 in lb.

ml 08 10 06 (1)

ml 08 10 07 (1)

22.0

QC5

INSPECT WORK TO CURRENT STEP



Comment: INSPECT WORK TO CURRENT STEP

08.10.07 (1)

23.0

PACKAGING 1

PACKAGING RESOURCE #1



Comment: PACKAGING RESOURCE #1

Pick Packing Kit

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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**NOTE:** Date & initial all entries



Date: Wednesday, 17/09/2008 2:41:22 PM  
User: Julie Lecocq

## Process Sheet

Customer: CU-DAR001 Dart Helicopters Services

Drawing Name: HIGH AFT X-TUBE 412

Job Number: 42063

Part Number: D412664203

Job Number:



Seq. #:	Machine Or Operation:	Description :
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24.0	AN640A	Bolt
------	--------	------



Comment: Qty.: 4.0000 Each(s)/Unit Total : 4.0000 Each(s)

Bolt

Batch: M108940

SS 08/10/08 (X)

25.0	AN641A	Bolt
------	--------	------



Comment: Qty.: 2.0000 Each(s)/Unit Total : 2.0000 Each(s)

Bolt

Batch: M107013

SS 08/10/08 (X)

26.0	AN960JD616	Washer
------	------------	--------



Comment: Qty.: 18.0000 Each(s)/Unit Total : 18.0000 Each(s)

Washer

Batch: M108521

SS 08/10/08 (X)

27.0	MS21042L6	Nut
------	-----------	-----



Comment: Qty.: 6.0000 Each(s)/Unit Total : 6.0000 Each(s)

Nut

Batch: M108183

SS 08/10/08 (X)

28.0	QC4	INSPECT 100% KITS FOR COMPLETENESS
------	-----	------------------------------------



Comment: INSPECT 100% KITS FOR COMPLETENESS

29.0	PACKAGING 1	PACKAGING RESOURCE #1
------	-------------	-----------------------



Comment: PACKAGING RESOURCE #1

Identify and pack for shipping as per PPP D412-664-203

\*\*\*\*\*Ensure tube is not packaged if curing time is less than 12 hrs, see step 27 for application time & date  
\*\*\*\*\*

Time & date of packaging: 9:30 AM @ 08/10/08

Location: G

PPP Rev: 9

08/10/08 (X) 50

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

Date: Wednesday, 17/09/2008 2:41:22 PM  
User: Julie Lecocq

## Process Sheet

Customer: CU-DAR001 Dart Helicopters Services

Drawing Name: HIGH AFT X-TUBE 412

Job Number: 42063

Part Number: D412664203

Job Number:



Seq. #:

Machine Or Operation:

Description :

30.0

QC21

FINAL INSPECTION/W/O RELEASE



08/10/09 *fg*

Comment: FINAL INSPECTION/W/O RELEASE

Job Completion



*U 08.10.08*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

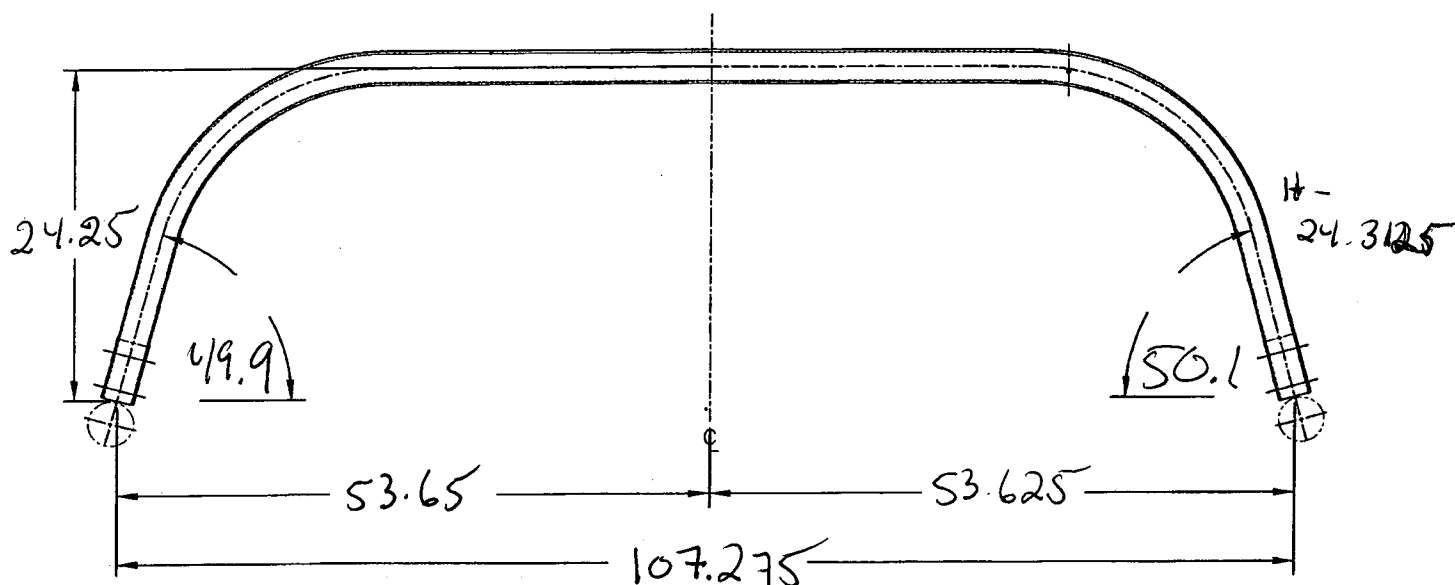
Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

<b>DART AEROSPACE LTD</b>	<b>Work Order:</b> 42063	
<b>Description:</b> Crosstube High Aft (412)	<b>Part Number:</b> D412-664-203	
<b>Inspection Dwg:</b> D412-664-243 <b>Rev:</b> D		<b>Page 1 of 1</b>

Required Dimension	Min	Max
Height	24.24	24.50
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.70



Comments

QC15 Inspection	
Date	08.09.25

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	07.05.08	Dimensions updated per Dwg rev. D	KJ/JLM	

**DART**

DESIGN <b>PH</b>	DRAWN BY <b>PH</b>	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
CHECKED <b>GP</b>	APPROVED <b>[Signature]</b>	DRAWING NO. D412-664-243	REV. D SHEET 1 OF 3
DATE 07.03.09		TITLE CROSSTUBE ASSEMBLY (412 HI AFT) NTS	
A	01.10.17	NEW ISSUE	
B	05.02.04	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	
C	06.10.27	REMOVE D2856-600-1087, ADD D2732-058 & MAGNOBOND 6398 MS21920-32 WAS MS21920-30	
D	07.03.09	REMOVE D2732-058, CHANGE TO D3595-063-570	

**RELEASE**07.04.24 **[Signature]**

Qty	Part Number	Description
X	D412-664-243	CROSSTUBE ASSEMBLY (412 HIGH AFT)
1	D6009-129	CROSSTUBE
2	D3595-063-570	RUBBER CUSHION
1	D2896-1	SUPPORT
2	D2856-600-1009	ABRASION STRIP
4	MS21920-28	CLAMP
2	MS21920-30	CLAMP (OR MS21920-32)
2	D3189-1	CHAFING SHIELD
A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

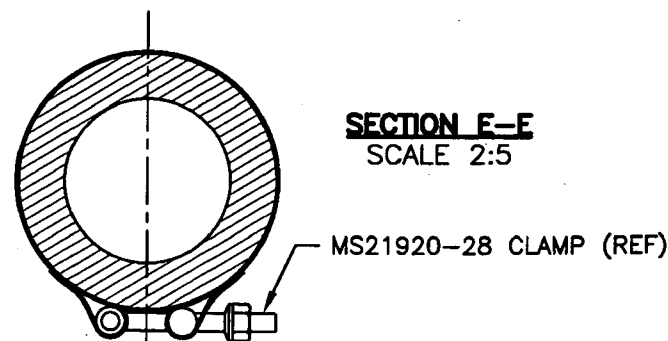
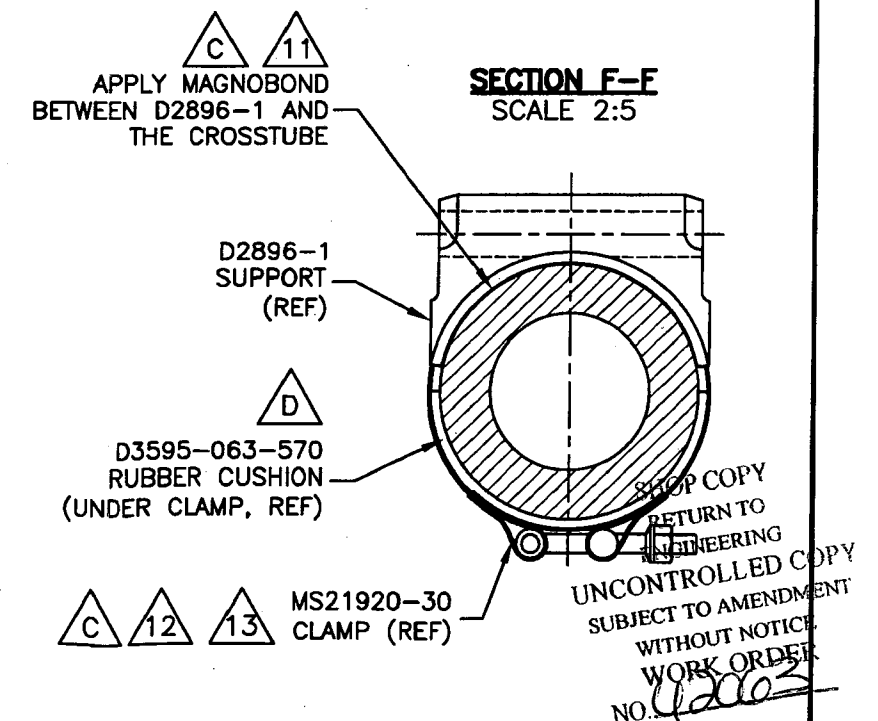
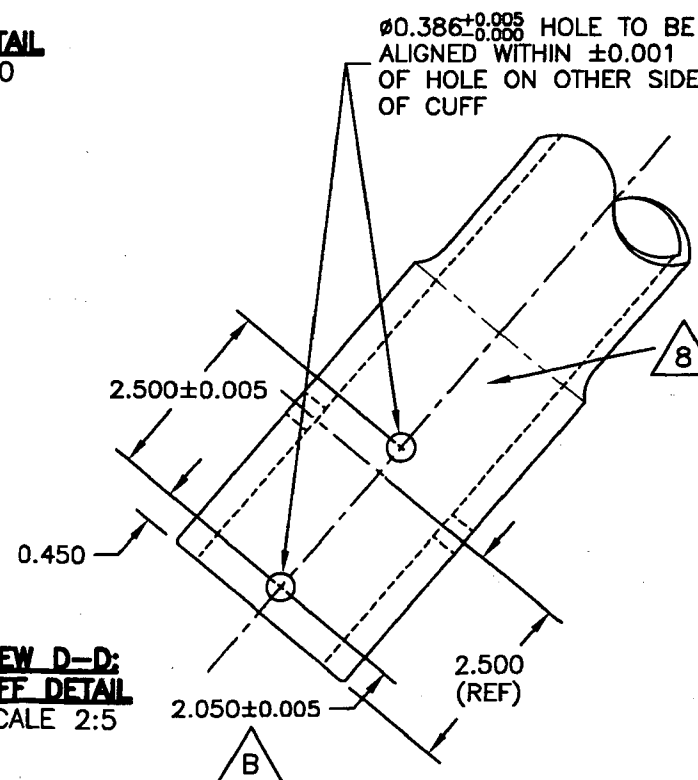
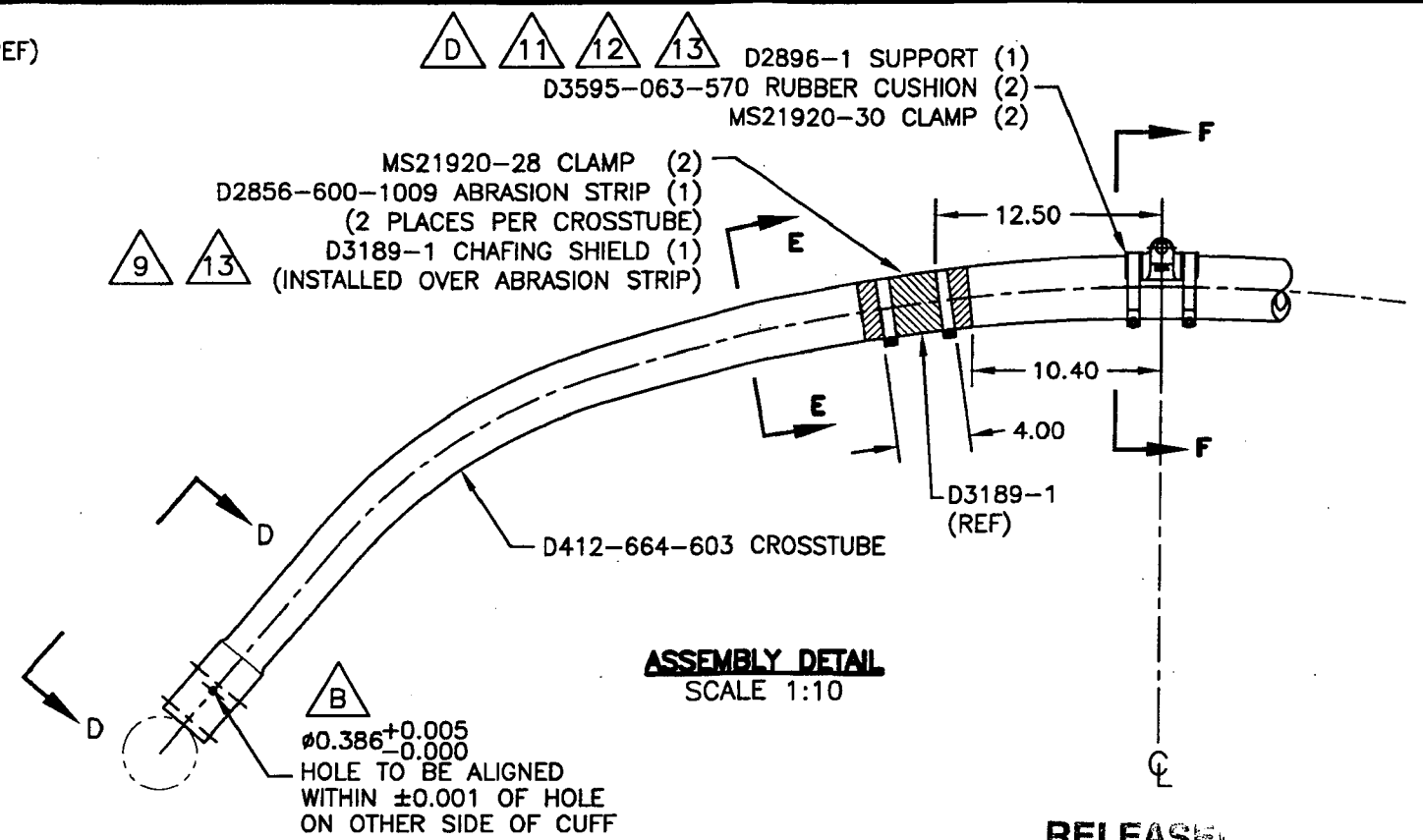
**GENERAL NOTES:**


- 1) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 2) MATERIAL: MANUFACTURED FROM D6009-129  
FINISHED LENGTH = 124.09±0.020
- 3) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART 005 4.2
- 4) PART IS SYMMETRIC ABOUT CENTERLINE.
- 5) RUN-OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.
- 6) BEND PROGRESSIVELY WITH A MINIMUM OF 8 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- 7) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 8) SCRIBE DART PART NUMBER AND BATCH NUMBER IN THIS AREA WITH VIBRATING STYLUS.
- 9) INSTALL D2856-600-1009 ABRASION STRIP WITH A 0.13 (REF) GAP ON BOTTOM SIDE OF CROSSTUBE PER QSI 035.
- 10) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 11) APPLY A 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2896-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 12) INSTALL MS21920-30 CLAMPS (OR -32) WITH D3595-063-570 RUBBER CUSHIONS TO SECURE D2896-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE CROSSTUBE SUPPORT.
- 13) TORQUE CLAMPS 80 TO 100 IN.-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

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WORK ORDER  
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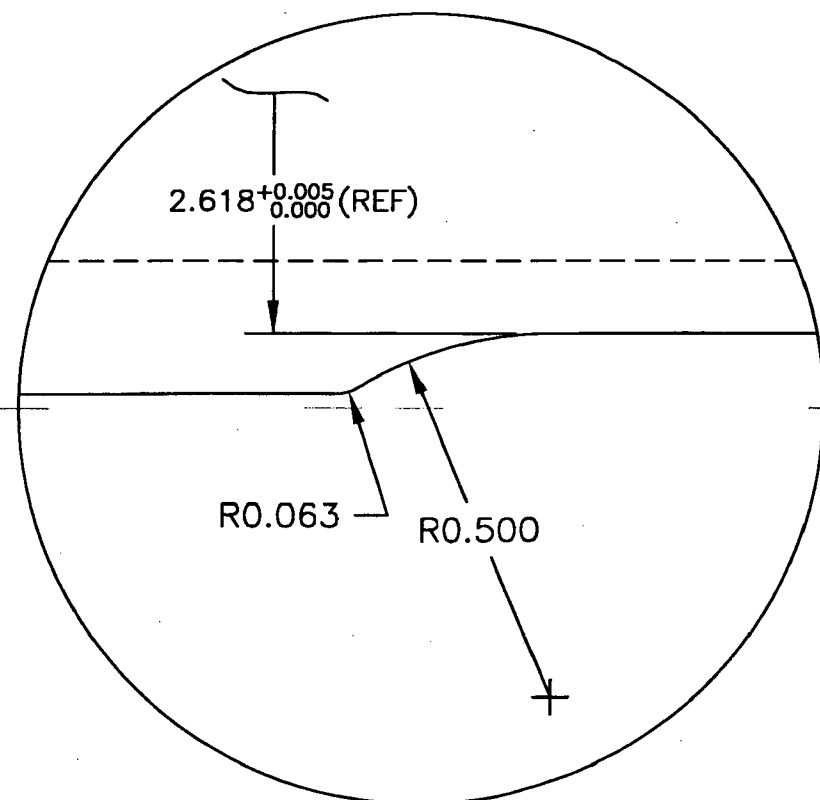
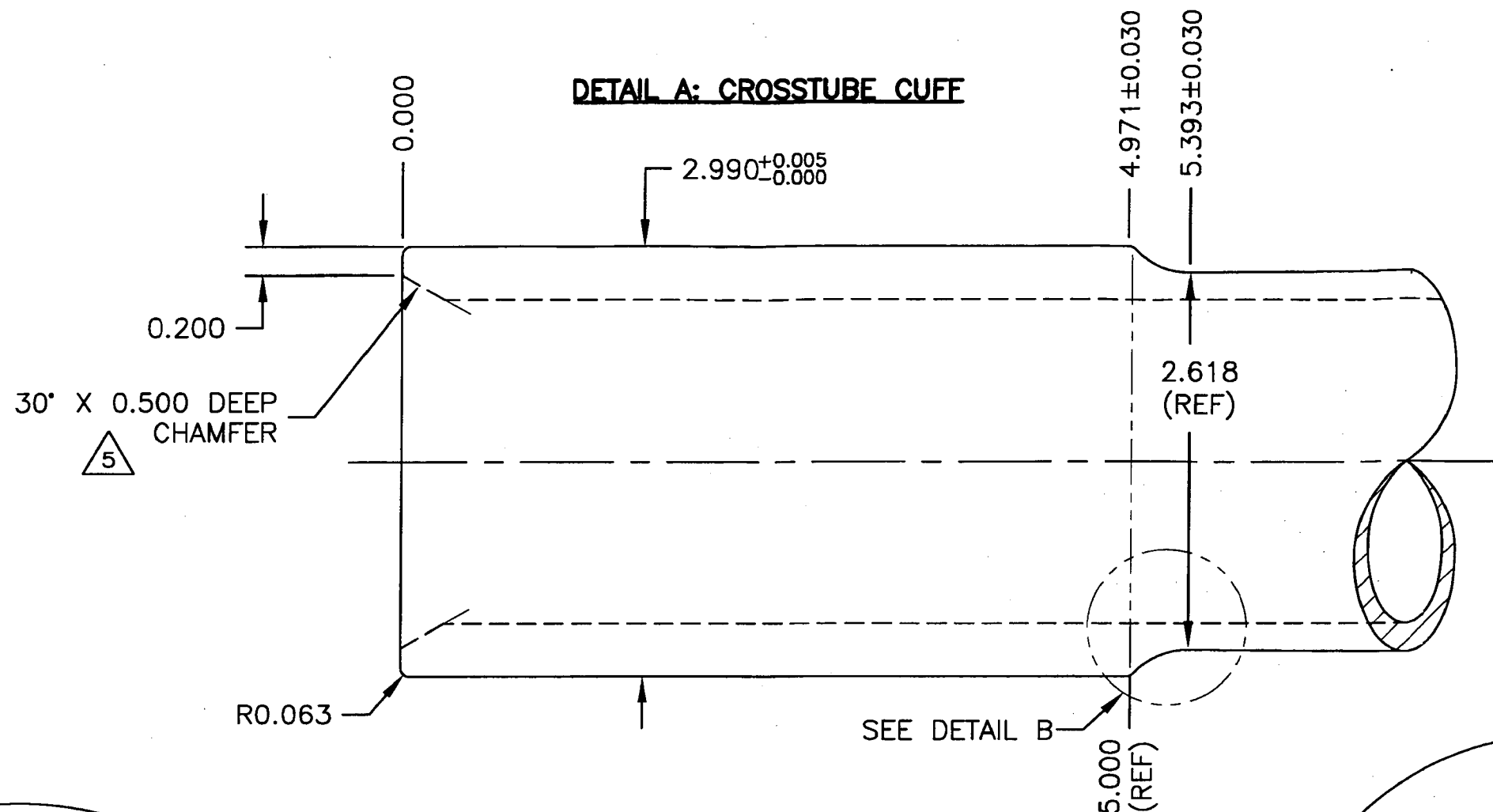
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CHECKED <b>GP</b>	APPROVED 	DRAWING NO. <b>D412-664-243</b>	REV. D SHEET 2 OF 3
DATE <b>07.03.09</b>		TITLE <b>CROSSTUBE ASSEMBLY (412 HI AFT)</b> SCALE <b>1:10</b>	

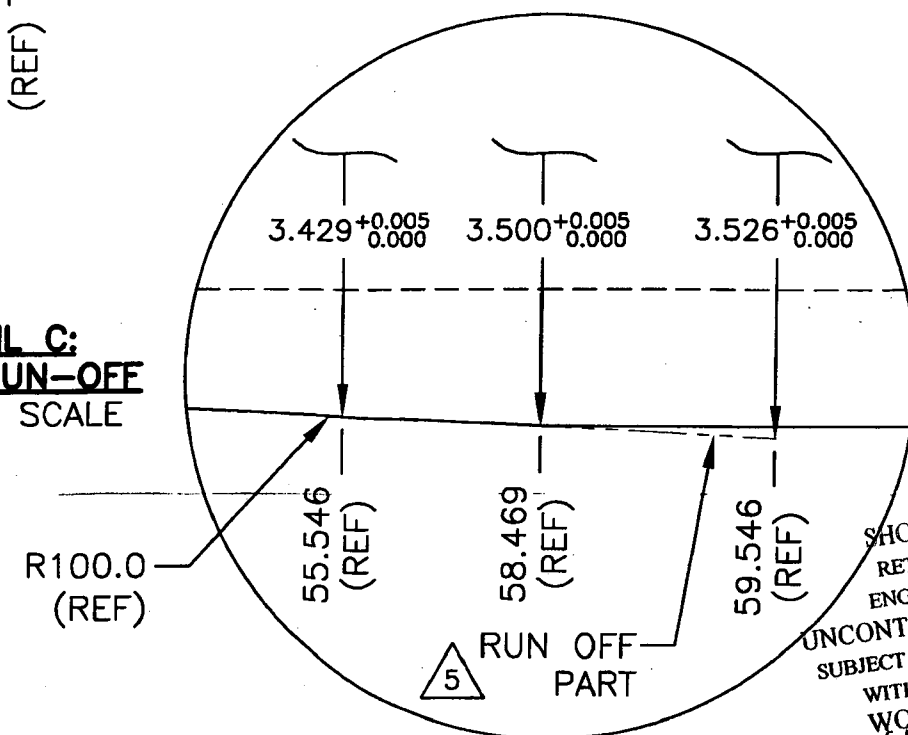
**RELEASED**  
07-04-2448  
PER ECN 489

**DETAIL A: CROSSTUBE CUFF**



**DETAIL B: CUFF  
TRANSITION  
SCALE 4:1**

**DETAIL C:  
TAPER RUN-OFF  
NOT TO SCALE**



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PH

**DART**

**DART AEROSPACE LTD.**  
HAMMERSBURY, ONTARIO, CANADA

CHECKED

J

APPROVED

PH

DRAWING NO.

D412-664-243

REV. D

SHEET 3 OF 3

DATE

07.03.09

TITLE

CROSSTUBE ASSEMBLY (412 HI AFT)

SCALE

1:1







# NONDESTRUCTIVE TESTING REPORT

N- 10406

PAGE 1 OF 1

CLIENT DACT AEROSPACE DATE 09/22/08 TIME ☒ AM ☐ PM  
ATTENTION LINDA LACELLE ACUREN JOB NO. 188-08-1533  
ADDRESS 1270 ABERDEEN ST. PO/WO NO. 7301  
HAWKES BULY CNT. WORK LOCATION SHOP - SAME ADDRESS  
PROJECT ELI. CROSS TUBES ACCEPTANCE STD. BTM 1417/051-038 REV./DATE  
ITEM(S) EXAMINED SIX - CROSS TUBES.  
JOB # PMT - 41393, 41394, (42063), 42064, 42282, 42283.

## JOB DESCRIPTION

PART NO. MATERIAL Aluminum THICKNESS  
SCOPE WET FLUORESCENT LIQUID PENETRANT INSPECTION CARRIED OUT ON 100% EXTERNAL SURFACE - \* NOTE: INDICATIONS, PL ON CHATTEL/D4.590" UP FROM THE END OF THE CUFF. 2" RADIUS ON BOTH ENDS/41394.

LIQUID PENETRANT TESTING		PROCEDURE NO. LT-XXXX	REV./DATE	TECHNIQUE NO. LT-XXXX-XXX	REV./DATE
METHOD	<input checked="" type="checkbox"/> FLUORESCENT <input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH <input type="checkbox"/> SOLVENT REMOVABLE <input type="checkbox"/> POST EMULSIFIED			
FAMILY BRAND	<u>MAGNAFLUX</u>	BLACK LIGHT S/N <u>8271</u>	<input type="checkbox"/> OUTPUT > 1000 $\mu$ W/cm <sup>2</sup>	<input type="checkbox"/> AMBIENT < 2 fc	
PENETRANT	<u>2L 07</u>	MINIMUM DWELL TIME <u>45</u> MIN.	LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT	<input type="checkbox"/> OUTPUT > 100 fc @ SURFACE	
PENETRANT REMOVER	<u>H2O</u>	MINIMUM DRY TIME <u>&gt;10</u> MIN.	OTHER <u>CAL FEB 12-08</u>		
DEVELOPER		MINIMUM DWELL TIME <u>10</u> MIN.	LIGHT METER S/N	CAL DUE DATE	
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS <input type="checkbox"/> AQUEOUS <input type="checkbox"/> DRY				
SURFACE CONDITION	<input type="checkbox"/> AS GROUND <input type="checkbox"/> AS WELDED <input type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input checked="" type="checkbox"/> CLEAN BARE METAL				
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/20°F <input type="checkbox"/> -4°C/20°F TO 10°C/50°F <input type="checkbox"/> 10°C/50°F TO 52°C/125°F <input type="checkbox"/> > 52°C/125°F				

MAGNETIC PARTICLE TESTING		PROCEDURE NO. MT-XXXX	REV./DATE	TECHNIQUE NO. MT-XXXX-XXX	REV./DATE
METHOD	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> FLUORESCENT <input type="checkbox"/> NON FLUORESCENT	<input type="checkbox"/> YOKE <input type="checkbox"/> COIL <input type="checkbox"/> HEAD <input type="checkbox"/> CONDUCTOR BAR			
PARTICLE BRAND	PRODUCT NO.	CURRENT	<input type="checkbox"/> AC <input type="checkbox"/> DC	EFF. CURRENT AMPS:	
PARTICLE COLOUR	<input type="checkbox"/> GREY <input type="checkbox"/> RED <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER	MT INSTRUMENT	S/N	CAL DUE	
SUSPENSION	<input type="checkbox"/> WATER <input type="checkbox"/> OIL <input type="checkbox"/> NOT APPLICABLE	BLACK LIGHT S/N	<input type="checkbox"/> OUTPUT > 1000 $\mu$ W/cm <sup>2</sup>	<input type="checkbox"/> AMBIENT < 2 fc	
CONTRAST PAINT	PRODUCT NO.	LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT	<input type="checkbox"/> OUTPUT > 100fc @ SURFACE		
MAG. TIME	SECONDS	DEMAG. REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	LIGHT METER S/N	CAL DUE	
SURFACE CONDITION	<input type="checkbox"/> AS GROUND <input type="checkbox"/> AS WELDED <input type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input type="checkbox"/> CLEAN BARE METAL <input type="checkbox"/> COATED				
THE TECHNIQUE HAS BEEN DEMONSTRATED OVER A COATED SURFACE? <input type="checkbox"/> YES <input type="checkbox"/> N/A		THICKNESS:	TYPE OF COATING:		
SURFACE TEMPERATURE <input type="checkbox"/> < 57°C/135°F <input type="checkbox"/> 57°C/135°F TO 316°C/600°F <input type="checkbox"/> > 316°C/600°F					

ULTRASONIC TESTING		PROCEDURE NO. UT-XXXX	REV./DATE	TECHNIQUE NO. UT-XXXX-XXX	REV./DATE
METHOD	<input type="checkbox"/> THICKNESS <input type="checkbox"/> FLAW DETECTION <input type="checkbox"/> CONTACT <input type="checkbox"/> IMMERSION				
INSTRUMENT	MODEL	S/N	CAL. DUE DATE		
CAL. BLOCK	S/N	CABLE - TYPE	Coaxial - _____ to _____	LENGTH	
CAL. BLOCK	S/N	COUPLANT			
CAL. BLOCK	S/N	SPECIAL EQUIP.			

INFORMATION - TRANSDUCERS & CALIBRATIONS -														
	TEST ANGLE	PROBE TYPE		MAKE	FREQ.	SER. NO.	PROBE DIA.	TRANSFER VALUE	TEST FROM FACE	REFERENCE REFLECTOR	REFERENCE		SCAN SENSITIVITY	RANGE
		SINGLE	DUAL								dB	% FSH		
1	<input type="checkbox"/> 0°	<input type="checkbox"/>	<input type="checkbox"/>											
2		<input type="checkbox"/>	<input type="checkbox"/>											
3		<input type="checkbox"/>	<input type="checkbox"/>											

TEST SURFACE		<input type="checkbox"/> AS GROUND <input type="checkbox"/> AS WELDED <input type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input type="checkbox"/> CLEAN BARE METAL	
SURFACE TEMPERATURE <input type="checkbox"/> < 0°C/32°F <input type="checkbox"/> 0°C/32°F TO 120°C/250°F <input type="checkbox"/> 120°C/250°F TO 260°C/500°F <input type="checkbox"/> > 260°C/500°F			

Scope of Services  
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacturing, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care  
In performing the services provided, Acuren Group Inc. uses the degree of care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

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